U.S. Department of Labor
'Office of Labor-Management '
Standards '
Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Que of S					
1. File Number U - 7474	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004)				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name Larry S Roberts	Name IBEW L.U. 1925				
	Labor Organization File Number 055 - 048				
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 400 Jackson 5t.	Street 402 Jackson St.				
City Martin	city Martin				
State TN ZIP Code + 4 38937	State TU ZIP Code + 4 38337				
5. Position in labor organization. President					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street	~ .				
City					
State ZIP Code + 4					
Sign	nature of the processing to broken				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed darry Dhano Koleto	On <u>81418005</u> <u>731-587-3457</u> Date Telephone Number				
A Charles					

Gertin<mark>e</mark> e a

Name of Person Filling Larry Shane Robe	C+S File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer					
Street City ZIP Code + 4	Lament T.					
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Southern Electrical Refirement Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.  2004 Travel expenses to altend Trustee meetings					
Street 3938 Volunteer Drive	11.b. Approximate dollar value of such dealing.					
State TN ZIP Code + 4 39 416	12.a. Nature of interest held or income received.  Reimbursed Expenses					
	12.b. Amount. \$ 1,173.00					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name [						
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any Street						
City ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

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1005					
1. File Number U •	2. Fiscal Year Covered From:				
		/ [] / acoy Through	n: 13/31/864		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Larry S Roberts	Name	<u> </u>	5		
	Labor Orga	nization File Number 055 -	BYO		
P.O. Box, Bldg., Room No., if any	P.O. Box, E	Building and Room Number, if ar	пу		
Street 400 Jackson St	Street	402 Jackson	St		
City Mactin	City	Martin			
State	State	TN	ZIP Code + 4 38237		
5. Position in labor organization.  President					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  5. Name and address of Employer (including trade pages if any).  7.a. Nature of interest, Transaction, or income.					
Name and address of Employer (Including trade name, If any).	7,0.14000	Theorem, transcour, or moone			
Name			Vision and the second s		
Trade Name, if any:			e desar end to many		
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
			and the same of th		
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed	On				
	***************************************	Date	Telephone Number		

Name of Person Filling Lavry Shane Robert	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,				
Name NECA-IBEW Welfare Trust Fund	2004 Travel Expenses to				
Trade Name, If any:	Attend Trustee Meetings				
P.O. Box, Bldg., Room No., if any					
Street 3130 Hubbard Ave	11.b. Approximate dollar value of such dealing.				
City DECATUR	12.a. Nature of interest held or income received.				
State IL ZIP Code + 4 (2536)	Reimbursed Expenses				
	12.b. Amount. \$1,639.00				
C. Received from any employer (other than an employer covered unde					
or from any labor relations consultant to an employer any payment of money	or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., If any					
Street					
City [					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.				